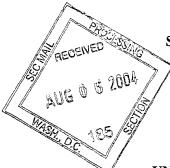
# FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response ....... 16.00

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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í	l				

Name of Offering ( check if this is an amendment and name has changed, and indicate changed Limited Partnership Interests of Hampshire Institutional Fund, L.P.	e.)
Filing Under (Check box(es) that apply):	06 Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	19 ST 1119 (STALL BOOK) BOOK BEEN BEEN 1918 1118 1118 1118 1118 1118 1118 111
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Hampshire Institutional Fund, L.P.	04039895
Address of Executive Offices (Number and Street, City, State, Zip Code)  220 East 42 <sup>nd</sup> Street, New York, NY 10017	Telephone Number (Including Area Code) (212) 476-5555
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private Investment Partnership	
Type of Business Organization  corporation business trust limited partnership, already formed other (please specific limited partnership, to be formed	•
Actual or Estimated Date of Incorporation or Organization: 07 88 🔀 Actual    Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation)  CN for Canada; FN for other foreign jurisdiction	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02)

required to respond unless the form displays a currently valid OMB control number.

A. BASIC I	DENTIFICATION DAT	`A	
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organized	d within the past five years	s;	
<ul> <li>Each beneficial owner having the power to vote or dispose the issuer;</li> </ul>	, or direct the vote or disp	osition of, 10%	or more of a class of equity securities of
Each executive officer and director of corporate issuers and	of corporate general and	managing partn	ers of partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply:  Promoter Beneficial Owner *General Partner	Executive Officer	☐ Director	★General and/or     Managing Partner
Full Name (Last name first, if individual)			
SAGE Partners LLC (Wholly owned subsidiary of Neube	erger Berman, Inc.)		
Business or Residence Address (Number and Street, City, State, Zip 220 East 42 <sup>nd</sup> Street, New York, NY 10017	Code)	,	
Check Box(es) that Apply:  Promoter Beneficial Owner *President of the General Partner	★Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Stein, Michael			•
Business or Residence Address (Number and Street, City, State, Zip 220 East 42 <sup>nd</sup> Street, New York, NY 10017	Code)		
Check Box(es) that Apply: Promoter Beneficial Owner *President of the General Partner	★Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Aaron, William E.			
Business or Residence Address (Number and Street, City, State, Zip 220 East 42 <sup>nd</sup> Street, New York, NY 10017	Code)		
Check Box(es) that Apply:  Promoter Beneficial Owner *Vice President of the General Partner	★Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
O'Brien, Thomas			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
220 East 42 <sup>nd</sup> Street, New York, NY 10017			
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip	Code)		

☐ Executive Officer

☐ Executive Officer

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Director

Director

General and/or
Managing Partner

General and/or
Managing Partner

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Check Box(es) that Apply: Promoter Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

						B. INFOR	MATION	ABOUT	OFFERI	NG			<del></del> .		
1.	Has the issu	er sold, or	does the i	ssuer inten	d to sell, to	o non-accr	edited inve	estors in th	is offering	?		***************************************		Yes	No
						Appendix,		_							
2. What is the minimum investment that will be accepted from any individual?								\$ <u>250,000</u>	*						
*(t)	he General P	artner ma	y, in its so	le discreti	ion reduc	the size o	of a minin	ıum purcl	iase)						
3.			-	-	-									Yes ⊠	No
4.	remuneration person or as	n for solic gent of a b ) persons t	itation of roker or d	purchasers ealer regis	in connectered with	ction with the SEC a	sales of se ind/or with	curities in a state or	the offering states, lis	ng. If a pet the name	erson to be of the bro	e listed is a oker or dea	on or similar an associated aler. If more hat broker or		
Ful	l Name (Last	name first,	if individ	ual)											
	siness or Resid 5 Third Ave					State, Zip	Code)								
Ne	me of Associa uberger Be	rman, Ll	LC				·				<del> </del>				
Sta	tes in Which I	Person List	ed Has So	licited or I	ntends to	Solicit Pur	chasers								
	(Check	"All State	es" or chec	k individu	al States)						•••••••	••••••		🛭 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		,
Ful	l Name (Last	name first,	if individ	ıal)											
Bus	siness or Resid	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)	• • • • • • • • • • • • • • • • • • • •		<del></del>					
Naı	ne of Associa	ted Broker	or Dealer												
Sta	tes in Which I	Person List	ed Has So	licited or I	ntends to S	Solicit Pure	chasers								
	(Check "All	States" or	check ind	ividual Sta	tes)					••••••				🔲 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	1	
Ful	Name (Last	name first,	if individu	ıal)	****							<del></del>			
Bus	iness or Resid	lence Addı	ress (Num	per and Str	eet, City,	State, Zip	Code)					_,,,,,			
Nar	ne of Associa	ted Broker	or Dealer									<del></del>			
Stat	es in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Puro	hasers						· · · ·		
	(Check "All	States" or	check indi	vidual Sta	tes)									🔲 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] {MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PROCE	EEI	OS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	•		\$
	Equity			\$
	☐ Common ☐ Preferred	Ψ		Ψ
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$250,000,000		\$39,467,594
	Other (Specify)	\$		\$
	Total			
	1 Otal	\$250,000,000	_	\$ <u>39,467,594</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	63	_	\$39,467,594
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		_	<u> </u>
3.	••			
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$
	Regulation A		-	
				\$
	Rule 504			\$
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	\$
	turnish an estimate and check the box to the left of the estimate.	_		•
	Transfer Agent's Fees			
	Printing and Engraving Costs			
	Legal Fees			
	Accounting Fees			
	Engineering Fees			
	Sales Commissions (specify finder's fees separately)			
	Other Expenses (identify)			\$
	Total		XI	Φ <u>30,000</u>

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	e of Signer (Print or Type) nas O'Brien	Title of Signe (Print or President of SAGE I		General Partner
	(Print or Type) pshire Institutional Fund, L.P.	Signature	Date 7/23/6	by
ollo	ssuer has duly caused this notice to be signed by the uving signature constitutes an undertaking by the issuest of its staff, the information furnished by the issuer to	er to furnish to the U.S. Sec	curities and Exchange	Commission, upon written
	D. FE	DERAL SIGNATURE		
	Total Payments Listed (column totals added)		⊠ \$	<u> 249,970,000</u>
	Column Totals		<b>\$</b>	<b>⊠</b> \$249,970,000
	Other (specify): Investment Capital		□ \$	
	Working capital		<b>\$</b>	
	Repayment of indebtedness		<b>S</b>	\$
	Acquisition of other businesses (including the value involved in this offering that may be used in excha of securities of another issuer pursuant to a merger).	nge for the assets	<b>\$</b>	
	Construction or leasing of plant buildings and facilit	ties	<b>\$</b>	
	Purchase, rental or leasing and installation of machi	nery and equipment	<b>\$</b>	\$
	Purchase of real estate		<b>\$</b>	
	Salaries and fees		Affiliates	Others \$
5.	Indicate below the amount of the adjusted gross pr proposed to be used for each of the purposes show purpose is not known, furnish an estimate and chec estimate. The total of the payments listed must proceeds to the issuer set forth in response to Part C	wn. If the amount for any ck the box to the left of the equal the adjusted gross	Payments to Officers, Directors, &	Payments to
	Question 4.a. This difference is the "adjusted gross	proceeds to the issuer		\$ <u>279,940,000</u>

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